# NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES POLICY AND PROCEDURE DIRECTIVE

SUBJECT: STANDARD PRECAUTIONS

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APPROVAL: Rosalyne Reynolds {s}, Agency Director

I. PURPOSE

The purpose of this policy is to provide a uniform approach to infection control by utilizing the concept of standard precautions.

II. POLICY

It is the policy of Northern Nevada Adult Mental Health Services (NNAMHS) to follow and observe standard precautions to prevent the transmission of bloodborne diseases by contact with blood or other potentially infectious materials.

## III. DEFINITIONS

 Standard Precautions – all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

- 2. HIV Human Immune Deficiency Virus
- 3. HBV Hepatitis B Virus
- 4. Bloodborne pathogens pathogenic micro-organisms that are present in human blood and can cause disease in humans.

#### IV. REFERENCES

- 1. OSHA Standards 29CFR 1910.1030 "Bloodborne Pathogens" (March 1992)
- 2. CDC Guidelines for Infection Control in Hospital Personnel (1983)
- 3. NNAMHS Policy and Procedure Directive #NN-IC-06 entitled, "Hand Hygiene."
- 4. NNAMHS Policy and Procedure Directive #NN-IC-02 entitled, "Parenteral Exposure to Bloodborne Pathogens (HIV, HBV, HCV)."
- 5. NNAMHS Policy and Procedure Directive #NN-IC-15 entitled, "Infectious Waste Handling and Disposal."

#### V. PROCEDURE

- BLOOD/BODY FLUID PRECAUTIONS these precautions are designed to prevent infections that are transmitted by direct or indirect contact with infective blood or body fluids.
  - a. All consumers must be treated as potentially infectious.
  - b. Hand washing is the single most effective means to prevent the risk of infection.
    - (1) Hand washing facilities shall be readily accessible to employees.
    - (2) When facilities for hand washing are not available, antiseptic hand cleaners shall be provided.

## 2. BARRIER PRECAUTIONS

 Gloves shall be worn when it can be reasonably anticipated that the employee may have hand/skin contact with blood, other potentially infectious materials, mucous membranes and non-intact skin and when handling or touching contaminated items or surfaces.

- (1) Disposable gloves will be used and shall be readily accessible.
- (2) Gloves will be changed after contact with each consumer and hands washed immediately after gloves are removed or when gloves are changed.
- (3) Gloves are to be removed immediately after contact with potentially infective material prior to touching other surfaces and equipment, as gloves may transfer infections to other surfaces.
- (4) Hands and other skin surfaces must be washed immediately and thoroughly if contamination with blood or body fluids should occur and before taking care of another consumer.
- (5) The incident should be reported immediately to the supervisor. A C-1 form should be completed and forwarded to Personnel. The ER section of the Employee Needlestick, Blood, or Body Fluid Exposure form should be completed and forwarded to the Infection Control Officer. The employee should be sent within one hour of exposure to the Manage Care Organization.
- (6) Gloves will be used whenever the employee has cuts, scratches or other breaks in his/her skin.
- (7) Visibly contaminated gloves shall be placed in the infectious waste containers for proper disposal.
- (8) Hypoallergenic gloves shall be assessable for those employees who are allergic to the gloves normally provided.
- (9) Gloves will be considered "appropriate" only if they do not permit blood or other potentially infectious materials to pass through or reach the employee's skin.

- b. Gowns, aprons and other protective body clothing such as lab coats, clinic jackets or similar other garments shall be worn if soiling of clothing with blood or body fluids is likely depending on the task or procedure being done.
  - (1) The gowns, aprons or other protective body clothing will be considered "appropriate" only if they do not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes and undergarments.
  - (2) If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as possible.
  - (3) All personal protective equipment shall be removed prior to leaving the work area.
  - (4) The personal protective equipment shall be placed in an appropriately designated area or container, such as a locker.
- c. Masks, Eye Protection and Face Shields:
  - (1) Masks in combination with eye protective devices, such as goggles or glasses with side shields, or chin length face shields shall be worn whenever splashes, spray, spatter or droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonably anticipated.
  - (2) The masks, eye protection and face shields will be considered "appropriate" only if they do not permit blood or other potentially infectious materials to reach the eye or mucous membrane of the nose and mouth.
  - (3) The personal protective equipment shall be stored in an appropriately designed area or container.

- 3. EVALUATING RISK the risk of an exposure can be evaluated on the basis of the following factors:
  - a. The type of body fluid with which the employee may come in contact with:
    - (1) Blood would be of greater concern than urine.
    - (2) Semen would be of greater concern than urine.
    - (3) Saliva and sputum would be of greater concern than urine.
  - b. The volume of blood or body fluid likely to be encountered:
    - (1) A surgical procedure will be bloodier than a small laceration.
    - (2) A spurting wound will be bloodier than a small laceration.
  - c. Probability of an exposure taking place:
    - (1) Drawing blood will more likely lead to an exposure to blood than will performing a physical assessment, taking a blood pressure, taking a temperature, or weighing a consumer.
  - d. Probable rate of exposure:
    - (1) A needle stick injury would be of greater concern than contact with saliva.
    - (2) Open cuts, scratches and abrasions on one's hands without glove protection would be of greater concern with blood and body fluids than contact with saliva.
    - (3) Routes of exposure mean a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials.

### 4. PRECAUTIONS TO OBSERVE

- a. Know procedures for the proper disposal of contaminated items, such as needles, syringes, linens, and dressings.
- b. Plan the task you are performing so that you may anticipate any complications or needs beforehand.
- c. Read and observe all warning signs and labels, be familiar with their meaning.

- d. Be familiar with the personal protective equipment and know its limitations.
- e. Use all self-sheathing devices that are available for needle and syringe protection.
- f. Staff will refrain from direct consumer care while they have exudative or weeping lesions until the condition is resolved or clearance has been obtained.
- g. Use the protective equipment provided and use it only for the purpose for which it was manufactured.
- CLEANING DISINFECTION AND DECONTAMINATION OF BLOOD/BODY SPILLS
  - a. Gloves must be worn while cleaning any spill of blood or body fluid.
  - b. Spills should be removed with a disposable towel and the area cleaned with an Infection Control Committee approved product. Most areas at this agency have small pre-boxed clean up kits containing all of the necessary items.
  - c. All soiled disposable towels used to clean the spill must be placed in a red infectious waste heavy duty plastic bag, secured with a twist tie and disposed of in the infectious waste container located in the Medication Room on each unit or if too large for the container taken to the infectious waste disposal area in Building 25.
  - d. Notify housekeeping by phone or voice-mail of all spills to determine the need for follow-up cleaning.